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PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

	Application Number						
	First Inventor	Leland F. Wilson					
	Title	As-Needed Administration of Orally Active androgenic Agents to Enhance Female Sexual Desire and Responsiveness					
	Attorney Docket Number	9050-0053					

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents Box Patent Application Washington, DC 20231 09/91.

- Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.
 See 37 CFR 1.27.
- 3. Specification [Total Pages 49 + Cover]
 - (preferred arrangement set forth below)
 - Descriptive title of the invention
 - -- Cross Reference to Related Applications
 - *- Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)

Prior application information:

- Abstract of the Disclosure
- 4. Drawing(s) (35 U.S.C. 113) [Total Sheets _____
- 5. Oath or Declaration [Total Pages 3
 - a.

 Newly executed (original or copy)
 - b.

 Copy from a prior application (37 CFR 1.63(d))

 (for continuation/divisional with Box 17 completed)
 - i. DELETION OF INVENTOR(S)
 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

Examiner:

6.
Application Data Sheet. See 37 CFR 1.76

- CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable)
 - a.

 Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. D CD-ROM or CD-R (2 copies); or
 - ii. 🗆 paper
 - c.

 Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- Assignment Papers (cover sheet & document(s))
- 10. □ 37 CFR 3.73(b) Statement □ Power of Attorney (when there is an assignee)
- 11.

 English Translation Document (if applicable)
- 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations
- 13.

 Preliminary Amendment
- 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- 15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
- 16. Other: Blanket Petition

Group / Art Unit:

17. If a CONTINUING	APPLICATION, ch	eck appropriate box, and sup	ply the requisite informa	ition below and in a
preliminary amendment	, or in an Applicati	on Data Sheet under 37 CFR	1.76:	
□ Continuation	□ Divisional	□ Continuation-in-part (CIP)	of prior application No.:	

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

		18. CORR	ESPO	NDENCE	ADDRESS					
■ Customer Number of					0	or Correspondence address below				
		23980								
1	l a	(Insert Customer No. or Attach bar code label here)				,				
Name	Dianne E. Reed	<u>·`</u>								
REED & ASSOCIATES										
Address 800 Menlo Avenue, Suite 210										
City	Menio Park		State		CA		Zip Code		94025	
Country	USA		Telephon		(650) 330-0900		Fax		(650) 330-0980	
Name (Print/Type)	Registration No. (Atto			torney//	orney/Agent) 31,292					
Signature	1(20)				Date 7		7	127/01		
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any somments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission for Patents, Box Patent Application, Washington, DC 20231.										
	CERT	IFICATE O	F MAII	LING OF	RTRANSMIS	SION				
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under \$37 CFR § 1.10 on the date indicated below and is addressed to "Commissioner for Patents, Box Patent Application, Washington, DC 20231."										
"Express Mail" Mailing Label No. Date of Dep					Deposit	July 27, 2001				
Name of Person Mailing Paper or Fee(Print/Type) Sam Pen										
Signature	I mad	I'm h			Date	vate 17		1-37-01		

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I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to the Commissioner for Patents, Washington, DC 20231.

"Express Mail" Mailing Label No.: EL 910 4	06	70	8	US					
Date of Deposit: July 27	200	01							
Type/Printed Name of Person Mailing Paper or Fee:	San	7	rei	7					
Signature of Person Mailing Paper or Fee:	1/1								
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TOTAL COMP. A NACON MANDERS A N	Appl	ication	Numb	er	T				
FEE TRANSMITTAL	Filing Date				Filed I	Filed Herewith			
	First Named Inventor					Leland F. Wilson			
	Group Art Unit					Not Assigned Yet			
Note: Effective October 1, 1997.	L								
Patent fees are subject to annual revision.	Examiner Name					Not Assigned Yet			
TOTAL AMOUNT OF PAYMENT \$981 METHOD OF PAYMENT (check one)	Attor	Attorney Docket Number 9050-0053							
1. X The commissioner is hereby authorized to charge any	FEE CALCULATION (continued) 3. ADDITIONAL FEES								
additional fees and credit any overpayments to:			_						
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Fee Required Under 37 CFR 1.18 at the mailing 37 CFR 1.16 and 1.17 of the Notice of Allowance	103	130	203	0.5	Surcharge -	rate timig ice of batti	1		
	127	50	227	25	-	late provisional filing fee o	or cover		
2. X Payment Enclosed:	139	130	139	130	sheet Non-Englis	h specification	ŀ		
X Check Money Order Other	147	2,520	147	2,520	_	request for reexamination	f	·	
	112	920*	112	920*		publication of SIR prior to	ľ		
FEE CALCULATION	-	1 040	112	1.040	Examiner a		. }		
1. FILING FEE	113	1,840 *	113	1,840 *	action	publication of SIR after Exa	aminer		
Large Entity Small Entity	115	110	215	55		or reply within first month	t		
Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Due	116	390	216	195		or reply within second month	J.		
101 710 201 355 Utility filing fee \$355	117 118	890 1,390	217 218	455 695	Extension for reply within third month Extension for reply within fourth month				
102 320 206 160 Design filing fee	128	1,890	228	945		Extension for reply within fifth month			
104 490 207 245 Plant filing fee	119	310	219	155	Notice of A		[
109 710 208 355 Reissue filing fee 110 150 214 75 Provisional filing fee	120 121	310 270	220 221	155 135	-	Filing a brief in support of an appeal Request for oral hearing			
SUBTOTAL (1) \$355	138	1,510		1,510	-	institute a public use proceed	ding		
2. CLAIMS Fee from	140	110	240	55		revive - unavoidable	t		
Extra below Fee Due Total Claims 54 - 20 = 34 X 0 \$306	141	1,240	241	620		revive - unintentional			
Total Claims $\underline{54} - 20 = \underline{34} \times \underline{0}$ \$306 Independent	142 143	1,240 440	242 243	620 220	Design issu	e fee (or reissue) e fee	}		
Claims 10 - 3 = 7 X 40 \$280 Multiple Dependent Claims	144	600	244	300	Plant issue		ľ		
	122	130	122	130		the Commissioner	Ī		
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103 18 203 9 Claims in excess of 20	ł				•	ber of properties)			
102 80 202 40 Independent Claims in excess of 3 104 270 204 135 Multiple Dependent Claim	146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))				
109 80 209 40 Reissue independent claims over	149	710	249	355	-	ditional invention to be	}		
original patent					examined (37 CFR 1.129(b))	- 1		
110 18 210 9 Reissue claims in excess of and over	Other	fee (spec	cify)				[
original patent	Other	fee (spec	cify)						
SUBTOTAL (2) \$586	*Redu	iced by I	Basic Fil	ing Fee I	aid	SUBTOTAL		\$40	
SUBMITTED BY						Complete (if app	<u> </u>		
Typed or Printed Name Diagne E. Reed				<i></i>		Reg. Number	31,292		
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ł	Date	121	127/	0/	Deposit Account	18-0586	0	